PLEASE PRINT

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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APR 2 4 2019

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	7-0: (λ .	ت ب	NEW HAMF DEPARTMENT	
I. Name of Lobbyist(s	1001 61	inbila	Haum	Schmidt		
II. Name of lobbyist's	s partnership, firm or	corporation, If any	y:			
J. Grinbi	ilus Struteg ne of partnership, firm or d	gic Solution	ns Lla			
Obox 2-33 Business Address: (Str.	cet)	NovThwos (Town/City)	d	NH (State)	0 388 4 · (Zip Code)	
(403) 496-26 (Telephone)	38 ((Fax)	c-π	nail John (<u>Djgstrate</u>	zgiès voom.
	vers: (Choose one – fi ansactions which are				file a separate report	for
All reportable trans	sactions occurring in the	e months prior to th	e reporting da	te relative to the f	ollowing client:	
	Ros	due NEC	N ENG	LAND		
O.D.	(Full Name of Client as	it appears on the Lobb	byist Registration	on Form)		
OR All reportable transaunrelated to any particu		(including the lobby	yist's family),	or the lobbying fi	rm listed below which	are
IV. Date of Report Reports cover: activit	April 24, 2019 🗹	n to 3/31/19		1, 2019 🛘 1/1/19 to 6/30/19		
a	October 30, 2019 [] activity from 7/1/19 to 9/3	0/19		y 29, 2020 🗖 10/1/19 to 12/31/19		
V. There have been If this box is checked, c Concord, NH 03301.	no fees received and omplete just this form o	l no reportable to and submit it to the .	ransactions Secretary of S	made since the tate's Office, Stat	last report. Graph of the House, Room 204,	•
VI. Check if additiona						
If you have receive If you have paid an						
Expense Reimbursemer		rsea expenses, you	must the Add	ciiuum b- Kepoi	1 01 Frontial land of	
☐ If you, your firm, o	r your family has mado	political contributi	ons, you must	file Addend um (C Political Contribution	ons
Sworn Statement/Affli I have read RSA 15, RS and complete to the bes	SA 15-B, RSA 14-C and		eby swear or a	ffirm that the fore	going information is tr	ue
(Signature of lobbyist)	mh		4	32 17.		
Joo' (Signature of lobbyist)				(Date)		
(Print Name of lobbyist						

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) <u>Jooi Grimbilis</u> , Adam	n Schmidt
II. Name of lobbyist's partnership, firm or corporation, if any:	
J. Grimbilas Strategic Solutions (Name of partnership, firm or corporation)	LLC:
(Name of partnership, firm or corporation) III. Name of Client Resolve New England.	Date 4/22/19.
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ (1000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$
c) Total of all fees received to date (Add lines a and b)	c)\$ (0000
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reffees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	ctient and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business so than \$10 that is given to the person ad with a value of \$25.00 or less); and orting period of greater than \$25.00 for le of greater than \$25, purchase of a cer than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>(0.000</u>
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b)\$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period	d) \$
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns 6000
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
,	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	that the foregoing information
is true and complete to the best of my knowledge and belief.	
10 1	11-10
(Signature of lobbyist)	(Date)
	(,
Tool Grinbilus (Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Stater	nent/Aff	irma	tion	by	Lobby	yist
Statem	ent of	Income	and	Expe	ense	es for:	

Name of Lobbying pa	rtnership, firm, or corpo	oration: J. Grimb	ilas Strategic Solutions CLC
			corporation and not related to any
particular client):			
Date of Report (check	one):		
April 24, 2019	July 31, 2019 🛚	October 30, 2019 🗆	January 29, 2020 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A(§).	·	
Addendum B(s	s).		
Addendum C(s	s).		
•	m that the foregoing in my knowledge and bel	ief.	at and each Addendum is true and 4/>3/19 (Date)
Adun Sch	imat .		
(Print Name of lobbyis			